

OPT OUT FORM

Wagner, et al. v. Safeco Insurance Company of Illinois
Case No. : CI20-10735

I request to be excluded from the Class in *Wagner, et al. v. Safeco Insurance Company of Illinois*.

Claim ID: _____

Printed Name: _____

Address: _____

Address Cont.: _____

City, State, Zip: _____

Signature: _____

To be considered, the request for exclusion must be postmarked by on or before March 16, 2022 and mailed to:

CLAIMS ADMINISTRATOR
c/o Wagner v. Safeco Insurance Company of Illinois
P.O. Box 25481
Santa Ana, CA 92799